## **ROAD TEST APPLICATION AND DRIVING LOG**

(please print your information)

Your name:				Date of Birth:	
Mailing Address:					
I am requesting a road test for the following license: Class C Class B Class A					
To be sched			complete and detach this road test application reau of Motor Vehicles, Examination Section,		
Please keep a copy of this log for your records. Duplicate as necessary to show the fulfillment of your required hours.  DRIVING LOG					
DATE AND TIME	NUMBER OF DRIVING HOURS	NUMBER OF HOURS OF NIGHT DRIVING	SUPERVISING DRIVER'S NAME AND AGE	LICENSE NUMBER OF SUPERVISING DRIVER	Falsification of this driving log is a Class E crime.
					Total hours of practice driving:
					Total hours of night driving:
					CERTIFICATION OF DRIVING TIME
					The parent, step-parent, guardian or spouse must
					certify the permittee's drivin time. When the permittee
					has no parent, step-parent, guardian or spouse, an
					employer may certify the driving time.
					The color of the first of the color of the form
					I hereby certify that the permittee named on this form
				i e	has completed 35 hours of actual driving which
					included 5 hours of night driving.
					Nama
					Name
					Date of Birth
					Relationship
					Signature Date